



PATENT
450100-03088

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

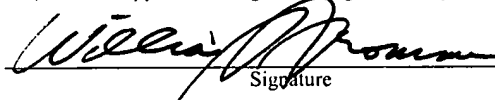
Applicants: Takao YOSHIMINE, et al.
Serial No.: 09/819,965
Filed: March 28, 2001
For: SYSTEM AND METHOD FOR DETERMINING A REFUND
FOR NETWORK CONTENT DATA HAVING
ADVERTISEMENTS (AS AMENDED)
Art Unit: 3622
Examiner: Champagne, Donald
Confirmation No.: 4221

745 Fifth Avenue
New York, NY 10151

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SEP 30 2004
GROUP 3600

I hereby certify that this correspondence is being deposited with
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addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, on September 24, 2004

William S. Frommer, Reg. No. 25,506
(Name of Applicant, Assignee or Registered Representative)


Signature
September 24, 2004
Date of Signature

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT PURSUANT TO 37 C.F.R. § 1.121

Dear Sir:

This is responsive to the Non-Final Office Action mailed on June 29, 2004,
having a three-month statutory period for response set to expire on September 29, 2004.
Please amend the above-identified application as follows.

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks/Arguments begin on page 15 of this paper.



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3622/41

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GROUP 3600

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	60	Minus	** =36	* 24 x	\$18 (9)	= \$ 432.00
Independent claims	6	Minus	*** =8	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 432.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$432.00 is attached, which covers the cost of ☒ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

September 24, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: William S. Frommer
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800